



STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
830 Punchbowl Street, Room 321  
Honolulu, Hawaii 96813

May 13, 2005

TO: Workers' Compensation Parties of Interest and Providers of Service

FROM: Nelson B. Befitel, Director  
Department of Labor and Industrial Relations

SUBJECT: New Administrative Rules and Procedures Regarding Workers' Compensation

The Department of Labor and Industrial Relation's ("DLIR") new administrative rules relating to workers' compensation will become effective May 13, 2005. Accordingly, the DLIR will begin using the evidence-based medical treatment guidelines of chapter 1-7 of the **American College of Occupational and Environmental Medicine** ("ACOEM") and the **Official Disability Guidelines** ("ODG") Treatment in Workers' Comp, 3<sup>rd</sup> Edition, in making treatment authorization decisions for workplace injuries.

The new rule requires Providers of Service ("Providers") to primarily use these guidelines to diagnose and treat injured workers and to assist in medical and claims case management. The ODG is also a web based tool available to Providers and their staff that can be accessed from their desktops. Providers will be able to easily search and find pertinent information necessary to everyday issues in claims and medical case management.

***Benefit to Providers and Injured Employees***

These rules respond to complaints of excess paperwork and the burdensome process in providing treatment to injured workers. These rules will significantly reduce the paperwork required of Providers before they can provide reimbursable treatment. Treatment plans would only be required when treatments deviate from the guidelines. Insurance carriers and employers cannot deny treatments that are based on the ODG guidelines unless they can show that the Provider has improperly diagnosed the injury and is therefore using the wrong treatment guideline. In addition, these new rules will facilitate faster adjudication of treatment plan disputes.

Old Process

1. The Provider would be required to fill out the WC-2 form;
2. Provide treatment plan after 15 visits;
3. Wait for decision on approval of treatment plan;
4. If treatment plan denied by insurance carrier or employer, provide documentation to the DLIR once claimant requests hearing; and

5. Wait for decision from the DLIR on approval/disapproval of treatment plan.

### New Process

1. The Provider is required to fill out the WC-2 form and new 1-page Restorative Service Plan;
2. Begin treatment following the ODG Guidelines; and
3. Provide periodic updates to the Restorative Service Plan as required.

There is no requisite authorization necessary from the employer or insurance carrier so long as the Provider follows the guidelines.

### ***Additional Treatments or Deviations from the Established Guidelines***

If the Provider believes that the ODG treatment guidelines are not sufficient to treat an injured employee's particular injury or illness, the Provider must submit a treatment plan and restorative service plan to the insurance carrier and/or employer for approval.

The Provider must support the proposed treatment plan based on scientific evidence that is published in national or international peer reviewed journals. This standard is similar to that utilized by the federal government when approving treatment guidelines. An example of a peer reviewed journal would be the AMA Journal.

If the employer and/or insurance carrier denies the proposed treatment plan, then the injured employee can request a hearing from the DLIR for approval of the plan.

### ***Restorative Service Plan***

The Restorative Service Plan form requires Providers to clearly identify the injured workers essential job functions, mental and/or physical limitations, and establish treatment timelines and outcomes to return the injured employee to essential job function.

The self-insured employer or an employer's insurance adjustor must provide the Provider with a description of the employee's essential job functions and a copy of the employee's work position, inclusive of physical requirements, within 7 calendar days of report of injury or upon request.

Important components of the Restorative Service Plan include: patient demographic and payer information, and ODG treatment guideline or treatment plan. The functional section includes space for documenting at least three essential physical and/or mental functions of the patient's job, with columns for re-testing the patient if more than eight (8) treatments are needed. The provider also documents the date of anticipated recovery, an indication of the patient's compliance with treatment, hours working, and the number of visits requested. The completed form is mailed to the insurance carrier or self-insured employer.

The Restorative Service Plan can be downloaded from <http://www.hawaii.gov/labor/>

***What about ongoing Treatment Plans?***

Treatment plans for injured workers that were approved or submitted before May 13, 2005 will continue to be subject to section 12-15-32 and 12-15-34, HAR, as codified before May 13, 2005.

***Where to order the guidelines?***

Hawaii's Workers' Compensation Parties of Interest and Providers of Service may order the guidelines from the following:

ACOEM Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition

American College of Occupational and Environmental Medicine (ACOEM)

1114 N. Arlington Heights Road

Arlington Heights, Illinois, 60004-4770

Telephone: 847/818-1800, Fax: 847/818-9266

<http://www.acoem.org/>

ODG Treatment in Workers' Compensation, 3<sup>rd</sup> Edition

Work Loss Data Institute

169 Saxony Road, Suite 210

Encinitas, CA 92024

Phone: 800-488-5548, 760-753-9992

Fax: 760-753-9995

[www.WorkLossData.com](http://www.WorkLossData.com)

If there are any questions, please contact the Cost Review Branch of the Disability Compensation Division at 808-586-9181. You may also e-mail us at [dliir.director@hawaii.gov](mailto:dliir.director@hawaii.gov).